# **AUTHORIZATION LETTER TO** ADD/REPLACE ELECTRICAL OR PLUMBING SUBCONTRACTOR

## DATE

Check one of the following (if multiple options, submit separate forms):

- Electrical subcontractor
- Plumbing subcontractor

Check one of the following (if multiple options, submit separate forms):

- Add subcontractor
- Replace subcontractor

#### **Location of Submission**

Please submit this form at 650 South King St., Honolulu, HI 96813, at the Permit Pick-Up Office located within the Frank Fasi Municipal Building. The office is positioned on the 1st floor. Upon arrival, check in with the security guard. Subsequently, navigate through the breezeway (common area) and proceed through the double-automatic doors. Once inside, please make your way to the front concierge desk for further assistance.

#### **Additional Instructions**

1. Do Not Submit via Email:

Please refrain from submitting this form through email. Utilize the designated submission channels provided to ensure a secure and efficient processing of your submission.

2. Submission Requirement:

This form must be submitted in conjunction with the Contractors Statement Form. Both forms are integral for a comprehensive evaluation and processing of your submission.

responsible development that protects our environment and culture.

### **DEPARTMENT OF PLANNING & PERMITTING:**

THIS IS TO AUTHORIZ	,E
	(Subcontractor's Name)
TO DO WORK FOR	
	(Owner or Project Name)
LOCATED AT	ON BUILDING (Project Address)
PERMIT NO	AND TAX MAP KEY:
Print Name:Signature:	**There will be a \$50 charge for each permit
SIGNEE CIRCLE ONE: O	wner or Licensed General Contractor
For Department Use Only:  Date posted:	OUR VISION: Providing responsible, innovative, collaborative and lawful leadership in support of our evolving island home.  OUR MISSION: To serve with integrity, invest in our people, processes
Clerks Initial:	and technology, and implement plans and regulations to facilitate